

Public Health Workgroup
February 10, 2006
Meeting Minutes

Present: Trish Riley, Ellen Schneider, Becca Matusovich, Dora Mills, Ed Miller, Kevin Lewis, Megan Rice, Mary Mayhew, Lynn Rothney-Kozlak, Mary Jane Bush, Sally Farrand, Joanne Joy, Emily Rines, Julie Sullivan, Meredith Tipton, Dennise Whitley, Paul Kuehnert, Shawn Yardley, David Stockford, William Primmerman, Dawn Littlefield, Carol Kelly, Megan Hannon, Susan Savell

- 1) Setting the Stage -- Following introductions, Trish made opening remarks and reviewed the obligations of the Public Health Workgroup stated in the State Health Plan and in the Resolve recently passed by the HHS Committee, noting that there is more time to be sure that we have an open and frank discussion and a process that leads to results, hopefully, through consensus. Trish noted that this meeting is an organizational meeting to get us focused on the workplan ahead.
- 2) Dora provided an update to the group on the work of the legislatively created Homeland Security Taskforce and the discussion in that group regarding the public health infrastructure. The group wants a report from the Public Health Workgroup in September. It was noted that there are some conflicts in the date and that Trish & Dora will meet with the Chairs, Sen. Strimling and Rep. Gerzofsky, to clarify expectations. Natalie Haynes is drafting a resolve for task force that we have not yet seen.
- 3) It was agreed that draft minutes will be circulated by email for comments but will not be posted until the group reviews. We are eager not to repeat the problems of the past when mis-information was shared broadly before there had been a chance to correct. Ed Miller urged a quick turnaround on minutes. If there are no major edits the minutes will be posted on the GOHPF website.
- 4) The State Health Plan was discussed and questions were raised about the exclusion of UNE and the need to talk about the Centers of Excellence. It was agreed that the State Health Plan will be further clarified before it is made final.
- 5) Committee Memberships -- Trish noted that there has been some concern that there is insufficient voice for community coalitions and that the family planning community has asked for a place on the workgroup. Trish urged the group to discuss membership noting that the group needs to be small enough to work but large enough to be representative.

The current roster was reviewed and it was agreed that Allison Webb is not a member, Barbara Leonard has left her job and there may be multiple members from the same agency.

It was suggested that the group should be broader and include EMS, Bio-Terrorism, EMA, county government and others.

- 6) In addition to membership, the group talked about rules for voting and how we can assure that there's adequate time to seek input before votes of the group. The group agreed that consensus be a goal but in reality that may be difficult to achieve. We also need to resolve the issue of whether the organizational member is the only one who can vote or if substitutes can participate and vote.

It was agreed that the purpose of the Public Health Workgroup will drive the membership. Ed noted that the purpose is to create an infrastructure that addresses health protection, health services and health promotion. Others argued that we should use the public health language.

Megan noted that the group should focus on principles not RFP's.

Trish suggested that while we have to be careful not to focus on RFP's we also need to be very clear about the limits of funding and the need for deadlines to drive action. It was suggested that an independent facilitator be hired to run the meetings.

It was agreed that the mission of the group -- that will need to be word-smithed -- is to create an infrastructure for public health that addresses the ten essential functions at all levels -- local and state.

Some felt that we need to have a common vision to which all are committed and put off discussions of money until later. Others noted that resources aren't just money. David Stockford noted that the Maine School Management should also be part of the workgroup and that people and how we work together are important resources as well. Since funding comes in silos efforts have been underway to turn that around.

- 7) Trish then asked the group to form small ad hoc committees for the following purposes: (1) Mission Statement, (2) Membership, (3) Governance and (4) Inventory Public Health Resources. The mission statement will be drafted by GOHPF staff and circulated for review by Workgroup members. The group broke out into the other three ad hoc committees for brief consultation. Each ad hoc committee then reported out to the larger group. The Inventory Committee reported it had considered the utility of using the extant Public Health Performance Standards tool to approach the challenge of inventorying Maine's public health resources. This tool builds an inventory based on broadly accepted standards, then identifies gaps in resources. The group reported that OSA and Maine CDC should be assigned the task of identifying potential funding sources for this process and that the Maine Center for Public Health should facilitate the process. Working through the process

takes 1-2 days, which the committee suggested should be done in retreat, as soon as possible – preferably in April. Others raised concerns about the ability to commit to 2 days.

The Membership ad hoc committee considered the 10 core public health functions and “matched” workgroup membership with those functions, identifying members who were able to represent each of these aspects of public health. In doing so, the committee identified gaps in membership that should be filled. They suggested adding representatives of: the Department of Environmental Protection; Environmental Health Strategies; a rural epidemiology nurse; a health insurance plan/payer; Maine Municipal Association; the Emergency Management Agencies; county Sheriffs; Emergency Medical Services; University of Maine – rural nurse practitioner or social worker; Maine Health Management Coalition; and the Maine Quality Forum. In the discussion of their recommendations, others suggested adding representatives from E-911, the Department of Labor and Maine School Management Association.

Those who have been working on the formation of the subcommittee called for in the Resolve – LD 1914 – recently agreed to by the Legislature’s HHS Committee provided an update on their work thus far. They noted that there should be a working group of 12, comprising both representatives of community coalitions and stakeholders that would focus on three issue areas: defining the functions of community health coalitions, the competencies required to carry out those functions and standards to be used to assess those competencies. They suggested that a neutral facilitator would be helpful to this group’s work.

The ad hoc Governance committee then reported out to the larger group. They stressed that in order to do a good job, the PHWG and subcommittees require a clear charge, a discrete timeline, a defined scope of work and a chairperson. They recommend that each subcommittee be comprised of only members of the larger PHWG, in the interest of maintaining a manageable size group. The PHWG should provide direction to each subcommittee regarding others (outside of the PHWG) who must be consulted with as the committee carries out its work. It is foreseeable – and should be permissible - that the subcommittee might invite consultation from stakeholders other than those recommended by the PHWG. In return for this directive model, the larger group would agree to accept all recommendations of a subcommittee, based on a consent agenda understanding. The consent agenda approach may be overridden if one or more members of the PHWG had very serious concerns regarding the subcommittee’s recommendation(s). To honor the work of the subcommittee in this manner, the PHWG has a great deal of input into the framing of a subcommittee’s work at the outset. They noted that the group should strive for consensus.

They stressed the need for clarity on what issues should be addressed in subcommittee and which should be left in the purview of the larger group. They suggested that a proxy vote would be allowed. They stressed that subcommittee

recommendations must be provided to the larger group well in advance of any PHWG meeting at which those recommendations were to be considered. Further, all PHWG members should have input into meeting agendas; therefore, draft agendas should be circulated to members well in advance of meeting dates. Finally, they encouraged the development of a strong communications plan for the group.

- 7) Members suggested that, until a facilitator for the large group is identified, a small group of four should be assigned the task of developing an agenda for meetings.
- 8) Becca Matusovich from DHHS' Office of Substance Abuse provided the group with a brief update on the status of the RFP that her office will be releasing once it has received federal approvals.
- 9) PHWG members were asked to submit suggestions for PHWG facilitators – via email – no later than Monday, February 13, 2006.
- 10) The next meeting was scheduled for March 1, 2006, from 9:30 – 12:30. Members may feel free to bring their lunch with them to the meeting, which will be held at the Maine Hospital Association, Fuller Road in Augusta. GOHPF staff will be surveying members in an effort to establish a regular meeting date for the PHWG. Members agreed that monthly meetings would be necessary for at least the first several months of the year, to assure the timetable and agenda for the group will be met.

It was agreed that CDC & GOHPF would pursue funding for an independent facilitator and that the next meeting's agenda will more thoroughly discuss and resolve proposals summarized here:

- Mission statement
- Membership
- Governance
- Inventory

The meeting was adjourned at approximately 12:15 p.m.